Name (Print/Type)

Ronald P. Kananen

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November 19, 2007

Date

PTO/SB/17 (10-07)

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Effective on 12/08/2004. es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number

FEE TRANSMITTAL For FY 2008		Filing Date	November 29, 2001 Yasumasa Mizushima R. Laneau		
		First Named Inventor			
		Examiner Name			
Applicant claims small entity statu	is. See 37 CFR 1.27	Art Unit	3714		
OTAL AMOUNT OF PAYMENT	(\$) 1,560.00	Attorney Docket No.	SON-2058		

TOTAL AMOUNT	OFFATMENT	(*) 1,500	.00	Attorney Docket	140.						
METHOD OF	PAYMENT (check	all that apply)									
Check											
x Deposit Acc	ount Deposit Account	Number: 18	B-0013	Deposit	Account Name:	Rader, Fishm	an & Grau	er PLLC			
For the a	bove-identified depo	sit account, the	Director is	hereby authorize	ed to: (check	all that apply)					
x Ch	arge fee(s) indicated	d below		Charg	e fee(s) indic	ated below, ex	cept for the	filing fee			
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCUL	ATION										
I. BASIC FILING	S, SEARCH, AND E					TION 5550					
	FI	LING FEES Small Entity		ARCH FEES Small Entity							
Application Ty	pe <u>Fee (</u> \$		<u>Fee (\$</u>		Fee (\$)	Fee (\$)	Fees Pa	aid (\$)			
Utility	310	155	510	255	210	105					
Design	210	105	100	50	130	65					
Plant	210	105	310	155	160	80					
Reissue	310	155	510	255	620	310					
Provisional	210	105	0	0	0	0					
2. EXCESS CLA	IM FEES						_	mall Entity			
Fee Description						•	Fee (\$)	Fee (\$)			
	20 (including Reiss						50	. 25			
	nt claim over 3 (incl	luding Reissues)	1				200	100			
Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims											
Total Claims	Total Claims		Paid (\$) Multiple Depen			Fee Paid (\$)					
HP = highest numi	er of total claims paid to	r. if greater than 20.			<u> </u>	757 -	00 1 0.0 101	1			
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee		Paid (\$)				-					
indop. Grains	. =	x =		· · · · · · · · · · · · · · · · · · ·							
HP = highest num	ber of independent claim	s paid for, if greater	than 3.								
3. APPLICATIO	N SIZE FEE										
If the specifica	tion and drawings e	xceed 100 sheet	s of paper	(excluding elect	ronically file	d sequence or	computer				
	er 37 CFR 1.52(e)), action thereof. See					ity) for each ac	Julional 30				
Total Sheet				additional 50 or fra		Fee (\$)	Fee P	aid (\$)			
Total Sheet	- 100 =			(round up to a wh							
4. OTHER FEE(,		Fees	Paid (\$)			
Non-English	Specification \$13	30 fee (no small	entity disc	count)		•					
Other (e.g., late filing surcharge). 1253 Extension for response within third month 1,050.00											
		/ <u>1401 Notice</u>	of appea	NI		·	51	0.00			
SUBMITTED BY			7								
Signature	17			Registration No. (Attorney/Agent)	24,104	Telephone	(202) 955-3750				